

Form CPF M 102: Campaign Finance Report Municipal Form

Municipal Form
Office of Campaign and Political Finance

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CITY	OF	CAMBRIDGE
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Massachusetts 2001 MAR 16 P 7: 20	7009 FEB 13 1 A 11: 47
le with: ty or Town Clerk or Election Commission	2001 1 20 1 2 7 7 7 11 42 1
Please print or ty	pe all information, except signatures.
Fill in dates: Reporting Period Beginning 6 C	Year Date Year 2008 Ending 12 31 2008
Type of report: (Check one) □8th day preceding preliminary □8th day preceding	ing election □30 day after election ∠year-end report □dissolution
RICHARD HARD TAG Full Name of Candidate (if applicable) SCHOOL COMMUNICE Office Sought and District 187 WIMISM St. CAMBRING MA	Comm. to Elect Roched Harding Committee Name MOARD BANBORA Name of Committee Treasurer ADD. BOX 391321, CAMBRERIC MA 62139
Residential Address	Committee Mailing Address
Tel. No. (option	mal) Tel. No. (optional)
Line 1: Ending balance from Line 2: Total receipts this p Line 3: Subtotal (line 1 plus line Line 4: Total expenditures t Line 5: Ending balance (line Line 6: Total in-kind contribut Line 7: Total (all) outstanding Line 8: Name of bank(s) used	this period (page 3, line 14) this period (page 3, line 14) aminus line 4) g liabilities (page 4) \$ \(\begin{align*} \sigma \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedule finance activity, including all contributions, loans, receipts, expenditue campaign finance activity of all persons acting under the authority or	es and it is, to the best of my knowledge and belief, a true and complete statement of all campaign ures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ron behalf of this committee in accordance with the requirements of M.G.L. c. 55. Indeer the penalties of perjury: 2-6-6-9-3-44-69 Date
FOR CANDIDATE FIL	LINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)	

Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS (ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee	•
I see See that I have assessined this report including attached schedules and it is, i	to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this co- contributions, incurred any liabilities nor made any expenditures on my behalf du	mmittee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period.
Condidate without Committee OD Condidate with independent scripty	filing senarate report
I certify that I have examined this report including attached schedules and it is, i	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of	if this committee in accordance with the requirements of M.U.L. c. 33.
Signed under the penaltic	2/6/09 MB
Candidate signature (in ink)	Date 5/1/6/09

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	ed (alphabetical listing required)		ount	Occupation & Employer (for contributions of \$200 or more	
BAGGE	e Beet				
Mason	RECHAPO HAPPENC	04	CII	Coordina, poctil, CHA Stiton commencer menzin	
11-5-07	RECHAPO HARDEMC 187 WINDSONS6 CAMBREDLE, MAY 02139	981	54	Sthon commencer menzer	
	,				
				,	
Line 9:	Total receipts in excess of \$50 (or listed above)				
Line 10:	Total receipts \$50 and under* (not listed above)			981.54 MA 3-16-09	
	TOTAL RECEIPTS IN THE PERIOD	6	است	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Imber on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
	(arphabetical listing)				
					_
·					
			·		
		Line 12:	Expenditures over \$50		
		Line 13: Expenditures \$50 and under*			
T	Enter on page 1, line 4		TOTAL EXPENDITURES	0	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			'	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
2005	RECHARD HAPPONIE	187 WENDSON SG CANON	Lour be Cenyry	39940
11/1/07	Plithem HANDENE	187 WENDSON S. CAM	Lour to Canyon	700 00
11/5/07	RECHANO HAMMING	187 WENSON & CAME		981. SV
	·			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	5675,54

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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